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Sexually transmissible infections, partner notification and intimate relationships: A qualitative study exploring the perspectives of general practitioners and people with a recent chlamydia infection

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1 **STIs, partner notification and intimate relationships: a qualitative**
2 **study exploring the perspectives of general practitioners and people**
3 **with a recent chlamydia infection**

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16 **Abstract**

17 **Background:** Individuals diagnosed with a chlamydia infection are advised to notify their sexual
18 partners from the previous six months so that they too can get tested and treated as appropriate.
19 Partner notification is an essential component of chlamydia management, helping to prevent ongoing
20 transmission and repeat infection in the index case. However, partner notification can be challenging,
21 particularly in circumstances where a relationship has ended, or transmission has occurred beyond the
22 primary relationship.

23 **Methods:** In this paper, we use data from 43 semi-structured interviews with general practitioners and
24 people with a recent diagnosis of chlamydia. Interviews examined experiences of chlamydia case
25 management in the general practice context. Here, we focus specifically on the impact of a chlamydia
26 infection on intimate relationships in the context of the consultation and beyond.

27 **Results:** Our findings demonstrate that a chlamydia infection can have significant consequences for
28 intimate relationships. Although GPs reported speaking to their patients about the importance of
29 partner notification, and participants with a recent chlamydia infection reported notifying their sexual
30 partners, both would appreciate further support to engage in these conversations.

31 **Conclusions:** Conversations with patients should go beyond simply informing them of the need to
32 notify their sexual partners from the previous six months, but also provide information about why
33 partner notification is important and discuss strategies for informing them, particularly for those in
34 ongoing relationships. Ensuring GPs have the training and support to engage in these conversations
35 with confidence is vital.

36 **Key words:** General practice, chlamydia, relationships, partner notification

37 **Introduction**

38 Chlamydia is one of the most frequently diagnosed sexually transmissible infections worldwide, with
39 an estimated 127.2 million cases diagnosed in 2016 (1). Alongside testing and treatment, partner
40 notification is an essential component of chlamydia management, helping to prevent ongoing
41 transmission and reinfection in the index case (2). Effective partner notification is key to chlamydia
42 control, and individuals diagnosed with a chlamydia infection should be advised to notify their sexual
43 partners from the previous six months (3), so they too can be tested and treated as appropriate. In
44 Australia, most chlamydia infections are diagnosed in general practice and the *Fourth National Sexually*
45 *Transmissible Infections (STI) Strategy 2018-2022* highlights the importance of supporting general
46 practitioners (GPs) to integrate partner notification into routine STI care (4). However, evidence shows
47 that GPs can encounter a range of barriers to STI testing and management including workload,
48 knowledge, patient-related issues and fear of appearing discriminatory (5). GPs have also reported that
49 partner notification can be difficult, with many unsure how to approach sensitive issues around partner
50 notification, including the possibility of intimate relationships occurring beyond the primary, ostensibly
51 monogamous one (6).

52 GPs have a duty of care to discuss partner notification with their patients. There are several options for
53 patients to do so, both directly (e.g. via text message) and indirectly (e.g. via online anonymous
54 notification tools) (7). Although patients express nervousness about notifying partners, most choose
55 to tell partners directly and report that the experience was no worse, or better than expected (8). In
56 some cases, partner notification can be particularly worrying for a patient if the transmission has
57 occurred beyond the primary relationship, or the relationship has already ended. The ambiguity
58 surrounding the natural history of chlamydia, particularly regarding how long an untreated infection
59 can remain, means that there are few concrete answers for those wondering where their infection
60 might have come from.

61 Given that research conducted with Australian GPs more than ten years ago (6) highlighted challenges
62 GPs face with partner notification, coupled with the recent focus on the importance of supporting GPs
63 to engage patients in notifying their partners (4), we aimed to understand the experiences of GPs in
64 discussing partner notification with their patients. Recognising that partner notification extends
65 beyond a discussion during the consult for those diagnosed with an STI, we also aimed to explore the
66 experiences of people recently diagnosed with a chlamydia infection in notifying their sexual partners.

67 **Methods**

68 This study comprised semi-structured telephone interviews conducted with GPs working in Australia,
69 and with people who had recently had a chlamydia infection diagnosed at their GP. Data were collected
70 as part of the Management of Chlamydia Cases in Australia (MoCCA) Project (9). Ethics approval was
71 granted by the University of Melbourne Human Research Ethics Committee (ID:1853183).

72 ***Recruitment and data collection***

73 Semi-structured telephone interviews were conducted with GPs working in Australia to better
74 understand the context in which they treat and manage patients diagnosed with a chlamydia infection.
75 Interview questions focused on GPs' experiences and practices of chlamydia management, spanning
76 initial testing, treatment and follow-up. Interviews were conducted in 2019, and GPs were eligible to
77 participate if they had ever worked in general practice in Victoria (VIC), New South Wales (NSW) or
78 Queensland (QLD) (as these are the three states involved in the broader MoCCA Project). GPs were
79 recruited via research networks, social media posts, email-communications from Primary Health
80 Networks, and the research team's existing relationships with general practice.

81 Semi-structured telephone interviews were also conducted with people who had recently been
82 diagnosed with a chlamydia infection. Interview questions focused broadly on their experience of being
83 diagnosed and treated for chlamydia by their GP, including their STI risk management practices and

84 their experience of notifying sexual partners. Interviews were conducted throughout 2019, and
85 participants were eligible if they had been diagnosed with chlamydia in the past 12 months, were 16-
86 44 years old (being of reproductive age and the age group of focus for the MoCCA study(10)), had or
87 were eligible for a Medicare Card (which provides access to Australia’s universal health cover for
88 citizens and permanent residents), and were sexually active with opposite sex partners. Participants
89 were recruited via social media (both paid Facebook advertisements and advertising the study on our
90 own research Twitter account), University and TAFE (Technical and Further Education institutions) e-
91 noticeboards in NSW, VIC and QLD, the University of Melbourne Safer Sex Program (by including study
92 flyers with packs of condoms and other health promotion information), via a local radio station, and
93 via a number of general practices that displayed a recruitment poster in their waiting rooms.

94 Convenience sampling was employed to recruit both participant groups. All potential participants were
95 asked to directly contact the researchers who then provided them with a Plain Language Statement.
96 Those who agreed to participate organised a time with the researchers for a telephone interview, and
97 verbal consent was obtained prior to commencing the interview. Participants were reimbursed with a
98 gift voucher as compensation for their time (GPs \$100, people with a recent chlamydia infection \$30).
99 Data collection for both participant groups was undertaken concurrently, but separately. That is, the
100 GPs interviewed were not the health care providers undertaking diagnosis and management of the
101 participants who had recently been diagnosed with chlamydia. Interviews for both groups lasted on
102 average 45 minutes.

103 ***Analysis***

104 Interviews were transcribed verbatim, uploaded into NVivo qualitative analysis software (11) and
105 analysed using a thematic approach (12). Thematic analysis is a flexible and iterative multi-step
106 process, spanning initial coding to final theme generation (12). Both datasets were analysed separately

107 but following the same approach by JC. In brief, the process involved familiarisation with the data, the
108 generation of initial codes, searching for, reviewing and defining and naming themes. The analysis for
109 both datasets progressed initially as inductive and sematic, focussing on the overt meaning of the data,
110 before progressing to a more latent approach, that is, focussing on the covert meaning of the data (12).
111 In this paper we focus on themes arising from both the GP and recent chlamydia diagnosis interviews
112 about the relationship implications of a positive chlamydia test and experiences of partner notification.
113 Illustrative quotes from GPs are accompanied by a pseudonym, GP, their gender identity, geographical
114 location (urban or regional), and if they have additional sexual and reproductive health qualifications
115 (abbreviated to 'SRH quals') or not. Quotes from participants with a recent chlamydia infection are
116 accompanied by a pseudonym, CT+, their gender identity, age and geographical location (urban or
117 regional).

118 **Results**

119 Twenty-four GPs participated in an interview. Most identified as female (n=18). Their average age was
120 47 years (range 34-72); one participant declined to provide their year of birth. More than half received
121 their qualifications in Australia (n=17). On average, the GPs had worked in general practice in Australia
122 for 15 years (range 2-37 years) and worked in (or had previously worked in) VIC (n=11), NSW (n=9) QLD
123 (n=4). Most worked in metropolitan settings (n=17). On average, the GPs reported working in general
124 practice 31 hours per week (range 5-60 hours). Half (n=12) reported additional qualifications or training
125 in sexual and reproductive health.

126 Nineteen people with a past chlamydia infection participated in an interview. Most identified as female
127 (n=13), one participant identified as non-binary. Their average age was 26.5 years (range 20-37 years),
128 and all were born in Australia. All except one had completed or were currently completing a post-
129 secondary school qualification (University or TAFE). Most participants reported engaging in paid

130 employment or were combining paid employment with study (n=14), while four reported being full
131 time students, and one reported being a full-time carer. Most (n=16) lived in urban areas of VIC (n=14),
132 NSW (n=2) or QLD (n=3).

133 ***Recognising the potential relationship impact of a chlamydia infection***

134 The GPs in our study were very aware of the potential impact a positive chlamydia test could have on
135 their patients, and recounted stories of patients whose relationships had broken down after a surprise
136 infection. Many acknowledged the broader implications that a positive test could have and spoke about
137 the often-multifaceted nature of a consult in which a patient is diagnosed with chlamydia. One GP said:

138 *...it's not a matter of just treating the condition, it's a matter of treating the anxiety that's*
139 *associated with the condition and the ramifications of relationships as well. So it's a little bit*
140 *more than just a primary um problem. Justin (GP, Male, Urban, no SRH quals)*

141 ***Strategies for talking about a chlamydia infection: destigmatising STIs and acknowledging the*** 142 ***potential impact on relationships***

143 Acknowledging the potential impact of a positive chlamydia test on their patients, most of the GPs
144 discussed strategies they employed when talking about a chlamydia diagnosis, regardless of their
145 patient's relationship status. For many, normalising and destigmatising the infection, particularly for
146 patients who were feeling quite stressed and anxious about it, was important. Many also reported
147 using neutral language, being cautious to not imply any blame and emphasising that the important
148 issue to deal with first is treating the infection. Recognising that patients were often very anxious about
149 the impact of the infection on their intimate relationships, one GP said that she emphasised to her
150 patients that *"life's complicated and you don't have to...make monumental life decisions because of an*
151 *STI result"* **Julie (GP, Female, Urban, SRH quals)**. For some, offering to see their patient's partner
152 allowed the GP the opportunity to help answer any questions and to ensure that the partner gets
153 treated too.

154 ...And in a lot of cases I do offer them to see them together as a follow up visit with the partner
155 to address questions. Even if that partner is not my patient so I get them to come in sign in as
156 a patient and I see them together. **Richard (GP, Male, Urban, SRH quals)**

157 Although GPs had a range of strategies to address the implications of a chlamydia infection with their
158 patients, many nevertheless spoke about the difficulties in answering questions about the STI, including
159 where the infection may have been acquired, particularly when the natural history of the infection
160 itself is not well understood.

161 *I think you know it's really hard because then they want to, ultimately they want to know if that*
162 *partner has been unfaithful or not. And, you know, yeah they might have done. But they might*
163 *have had it for a while. Like it depends on so many factors and I don't think that I'm in a*
164 *position, you know, I'm in a position to say, you know categorically, yeah they've definitely been*
165 *unfaithful.* **Sarah (GP, Female, Urban, SRH quals)**

166 Others reported that consults could be challenging where the patient and/or their partner is unwilling
167 to discuss where the infection might have been acquired, particularly regarding notifying any other,
168 potentially infected, sexual partners. For one GP, while finding this kind of situation “*a little bit*
169 *difficult*”, she still felt that she could be “*fairly neutral about it when I'm talking about it [partner*
170 *notification]*”. **Wendy (GP, Female, Regional, no SRH quals)**

171 ***Additional support for discussing chlamydia infections with patients***

172 When asked if there is anything that they might like to support them in talking to patients about
173 chlamydia, many said that being able to provide patients with more concrete information about the
174 infection, including how long the patient might have had it for and where they might have acquired
175 the infection, would be helpful.

176 ...maybe it's something that should be written...That it's [chlamydia] indicative of recent sexual
177 activity over the last 6 months...So I think it would be really helpful ... especially [for] the ones,
178 you know, who are monogamous. **Tanya (GP, Female, Urban, SRH quals)**

179 Finally, participants spoke about ensuring GPs more broadly feel confident to talk to their patients
180 about the implications of a chlamydia infection, particularly those in ostensibly monogamous
181 relationships. For one GP, this meant “...not trying to worry so much about the implications for people’s
182 relationships” and providing patients with “accurate information and not saying things like you can get
183 [chlamydia] from a toilet seat because you’re worried about the implications on somebody’s
184 relationship” **Julie (GP, Female, Urban, SRH quals)**. She further noted that while this might be easier
185 during a consultation in which the patient is young with new or casual sexual partners, that’s not always
186 the kind of patient presenting in “mainstream general practice” **Julie (GP, Female, Urban, SRH quals)**
187 and that further support for GPs to engage in conversations about partner notification confidently,
188 regardless of the relationship status of the patient, is essential.

189 ***Beyond the infection: the impact of a chlamydia infection on intimate relationships***

190 While GPs can (and should) discuss partner notification with their patients, regardless of that patient’s
191 relationship status, discussing partner notification with a GP is often only the beginning of the process
192 of notifying sexual partners for people with a chlamydia infection. Participants with a recent chlamydia
193 diagnosis spoke about the implications of a positive chlamydia result on their relationships. Participants
194 in long-term relationships for example, emphasised that it wasn’t the chlamydia infection itself that
195 impacted their relationships, but rather the perceived loss of trust. One participant said: “I think that
196 it’s definitely put strain on my relationship with my girlfriend because I will never know for sure whether
197 she was cheating or not” **Tom (CT+, Male, 28yrs, Regional)**. While the impact of a positive result on
198 established relationships is perhaps not surprising, participants also spoke about the impact of their

199 positive result on new and future relationships. For those in new relationships, having to tell their new
200 partners about the infection was difficult, particularly as they were largely unsure how their new
201 partners would take the news, even though they had acquired the infection prior to their current
202 relationship. One participant described how she felt when her doctor told her she had a chlamydia
203 infection:

204 *I was shocked. Um, I was very taken aback, and I was almost very worried, um, because I*
205 *thought, "Wow, this is going to be just a really embarrassing conversation to have with a guy*
206 *that I've probably been seeing for about a month." Um, and I was... I think I was very nervous*
207 *because I didn't know how he would take it, or how I would deliver that information to him.*

208 **Nina (CT+, Female, 27yrs, Urban)**

209 Some participants also spoke about having a past chlamydia infection in the context of new
210 relationships. While some said that they now have a conversation with new partners about STI testing
211 and sexual history (and that this is different to before their chlamydia infection), others said that they
212 continue to assume partners are STI free.

213 ***The impact of partner notification on the index case: relatively straightforward to emotionally***
214 ***challenging***

215 People with a chlamydia infection are advised to notify their sexual partners from the previous six
216 months; for many this means contacting sexual partners they may no longer be in (regular) contact
217 with. For most participants, this process was relatively straightforward, with most opting to send a
218 message or call their relevant sexual contacts. For example, one participant said:

219 *I just texted him, and I said, hey, look, just wanted to let you know I tested...uh, positive for*
220 *chlamydia, and I had no symptoms...just wanted to let you know, and he replied, oh, lovely with*
221 *a face palm [emoji], and he said, thanks for the heads up, and that was that. Hannah (CT+,*

222 **Female, 24yrs, Regional)**

223 For others however, notifying past sexual contacts was emotionally challenging, and in some instances
224 frustrating, particularly when the participant thought they knew who had given them chlamydia and
225 that person did not agree.

226 *And then I only got it after I had like, a one-night-stand, and then I told that girl, um, I told her,*
227 *“Listen... You’re the only one I’ve slept with, and now I have this.” ...And then she was arguing,*
228 *going, “No, don’t blame me, it’s not from me.” I’m like, “Well, whatever.” Ben (CT+, Male,*
229 **23yrs, Urban)**

230 Others recounted feeling frustrated at past sexual partners who not only refused to accept they may
231 have chlamydia, but also to get themselves tested.

232 *I think he just didn't want to deal with it, ...I checked in with him a couple of times and I said,*
233 *'Hey, have you done that?' ... But ultimately, I'll never know because he never confirmed one*
234 *way or the other if he got the [test]... I presumed he didn't...I think he just probably didn't take*
235 *me seriously. Kate (CT+, Female, 37yrs, Urban)*

236 ***The way you tell sexual partners matters***

237 As well as the emotional challenges of informing partners of a chlamydia infection, many participants
238 also said that the way in which sexual partners are informed matters. Most participants said that
239 informing partners directly was preferable, and that this was important to ensure that partners took
240 the message seriously, and furthermore, that this was a respectful way to treat partners. Although
241 some participants said that they felt using an anonymous online notification tool themselves for
242 partner notification would be *“a little bit of like a coward’s move”* (**Charlotte, CT+, Female, 28yrs**
243 **Urban**), all acknowledged situations in which telling partners directly was not always possible or
244 preferable, and that these tools would be useful in these situations.

245 *Um, I think in a sense it could be a good idea to not have that awkward conversation; but at*
246 *the same time, I think it could be quite a shock to someone on the receiving end to just get a*
247 *notification out of the blue, like, at any time of the day; and then it's sort of like their problem,*
248 *they have to deal with it. Um, I think that's a little bit unfair, whereas probably the more*
249 *personable and responsible approach would be to just own up and have that conversation with*
250 *that person. But that obviously depends on the relationship level that you have with them. Um,*
251 *if it was something like a one-night stand, then... then yeah, maybe okay; but I feel like yeah,*
252 *so probably a bit confronting, to be honest. **Nina (CT+, Female, 27yrs, Urban)***

253 A few participants also suggested that integration of anonymous notification tools into dating apps
254 would be beneficial.

255 ***Talking about partner notification: information and support provided by GPs***

256 Participants were also asked about the information and support provided to them by their GPs when
257 they were diagnosed with chlamydia, including support for partner notification. Most said that they
258 felt supported by their GP and that the information and support provided to them was appropriate for
259 their situation. Others however, specifically spoke about what they felt was a lack of support provided
260 to them for partner notification, particularly in addressing issues with notifying their sexual partners.
261 While it seemed that participants were often told to notify their partners, or given a handout with
262 information about chlamydia, some participants would have appreciated more help and advice in
263 having the conversation. When asked about the support provided, one participant said:

264 *There's, there's some standard thing that they [GPs] say, if I recall correctly, 'You need to, um,*
265 *you need to advise all sexual partners.' You know, something like that, but no, there was no,*
266 *um, you know, discussion about the difficulties of that or the sensitivities around that, no. **Kate***
267 ***(CT+, Female, 37yrs, Urban)***

268 **Discussion**

269 Partner notification is an essential component of chlamydia management, and GPs should discuss this
270 with all patients diagnosed with an STI. However, for those diagnosed with an STI, partner notification
271 often extends beyond the discussion with their GP, highlighting the key role that both GPs and people
272 with an STI play in effective notification of sexual partners. Thus, in this study we explored the
273 experiences of GPs providing advice regarding partner notification to their patients diagnosed with
274 chlamydia, and the experiences of people recently diagnosed with chlamydia notifying their sexual
275 partners. We found that a chlamydia infection clearly has impacts on an individual beyond testing and
276 treatment, and both GPs and patients would benefit from more support to discuss the potential
277 relationship implications. Encouragingly, although the GPs in our study acknowledged the potential
278 difficulties in discussing the relationship implications of a chlamydia infection with their patients, this
279 did not prevent them from raising the issue. Further, most participants who had a recent chlamydia
280 infection said that they felt they were provided with an appropriate level of support by their GPs when
281 diagnosed, with only a few participants indicating that further support would have been appreciated.
282 Despite these largely positive findings, our results indicate areas of partner notification which could be
283 enhanced.

284 The natural history of chlamydia is not well understood and, when coupled with its largely
285 asymptomatic nature (13), can introduce some ambiguity into where and when the infection may have
286 been acquired. The GPs in our study understandably said that this ambiguity can make it difficult to
287 have conversations about partner notification with their patients. Ensuring GPs have access to up-to-
288 date information about chlamydia is vital to their ability to provide advice to their patients, as are tools
289 and support to ensure they feel confident and comfortable answering questions their patients might
290 have. There will always be questions that GPs will be unable to answer, particularly regarding where
291 the infection may have been acquired, and in these instances, it is important to shift the conversation

292 from assigning blame to highlighting that chlamydia is relatively common, can be asymptomatic for
293 some time, and is easy to treat. The best way to provide this information to GPs warrants further
294 investigation, particularly given that most GPs will diagnose chlamydia relatively infrequently (14).
295 However providing a link to pertinent chlamydia management resources on positive test results has
296 previously been shown to be effective (15).

297 Overall the participants in our study with a recent chlamydia infection reported informing partners of
298 the infection, despite the ramifications this might have on their intimate relationships. This is
299 consistent with previous research both in Australia and internationally, that suggests that while those
300 diagnosed with chlamydia often report that the thought of notifying partners is fear-inducing (16),
301 partner notification is nevertheless considered to be 'the right thing to do' (17) and often far less
302 difficult than anticipated (16). While this may often be the case, in our study, participants reported the
303 implications that the infection had on their intimate relationships, both past and present. While the
304 potential impact on intimate relationships was not a barrier to partner notification in our study,
305 participants with a recent chlamydia diagnosis reported that further support from their GPs to notify
306 partners would be helpful. Ensuring that GPs are able to have a conversation with their patients about
307 partner notification, including why partner notification is important and how they might talk to their
308 partners about the STI, is therefore important. Addressing sensitive topics in primary care, like sexual
309 health, can be challenging (5), and further support for GPs to engage in these conversations may be
310 needed. Effective partner notification is key to preventing both ongoing transmission and reinfection
311 in the index case (2); providing additional information for GPs regarding strategies for discussing
312 partner notification with their patients may similarly also improve rates of reinfection in the index case.
313 Similar to previous research (8) we found that most participants with a recent chlamydia infection said
314 they would prefer to notify their partners in person and not via an anonymous online notification tool.
315 While some participants expressed concern about the use of online notification tools, others said that

316 it was good to have options, and that notifying partners was more important than the method for doing
317 so. Some participants suggested that online notification tools should be better integrated into dating
318 apps. Facilitating partner notification via these apps would conceivably be a useful function, given the
319 proliferation of the use of dating apps to facilitate connections with sexual partners (18) and the fact
320 that app-based messaging may be the only means of contact. However, given that many reported a
321 preference to not use online tools to notify partners, whether this option would be deemed more
322 suitable for partners met through a dating app warrants further investigation.

323 The findings of our study should be considered within its limitations. Both of our participant samples
324 were largely homogenous, with an over representation of tertiary educated people and few
325 participants from rural and regional areas. Our sample was also largely female, and this may have
326 further implications for our findings; for example, that most participants with a recent chlamydia
327 infection preferred to notify their partners directly may be gendered. Similar findings have been
328 reported previously, where female participants were found to be more likely to contact a higher
329 proportion of regular partners regarding their chlamydia infection as compared to heterosexual men
330 or men who have sex with men (MSM) (8). We also utilised a convenience sample to recruit
331 participants. This may have led to a sample of participants with a recent chlamydia infection who
332 experienced more adverse impacts on their intimate relationships, and an overrepresentation of GPs
333 who have an interest in sexual health. Indeed, for most people diagnosed with chlamydia, notifying
334 sexual partners will be relatively straightforward (8).

335 **Conclusion**

336 A diagnosis of chlamydia clearly has consequences for intimate relationships, and both GPs and
337 patients need support to deal with these implications within the consultation and beyond.
338 Conversations with patients should go beyond simply informing them of the need to notify their sexual

339 partners from the previous six months, but also provide information about why partner notification is
340 important and discuss strategies for informing various partners. Ensuring GPs have the training and
341 support to engage in these conversations with confidence is vital.

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